

LOCKPORT SUMMER PARKS RECREATION TENNIS PROGRAM
REGISTRATION FORM: **BEGINNER 1 & 2/ADVANCED BEGINNERS**

Name _____ Phone _____

Address _____ Male _____ Female _____

Age _____ Grade in fall _____ School you'll attend in fall _____

(Check one:) Do you live in the City of Lockport _____ Town _____ Other _____ ?

E-mail address _____ T shirt size _____

(Indicate youth # or adult S M L XL XXL)

Tennis Experience

of years' lessons _____ *Beginner* _____ *Beginner II (took lessons, but not passed test)* _____ *Advanced Beginner*

SESSION CHOICE(S)

_____ Session I Mon., Weds., Fri. 6/27, 6/29, 7/6, 8, 11, 13 (RD 7/9, 7/12)

_____ Session II Mon., Weds., Fri. 7/18, 20, 22, 25, 27, 29 (RD 7/30, 8/1)

TIMES AND SUGGESTED *AGE LEVELS

(* subject to change)

_____ 8:45-9:30 Ages 5-8

_____ 11:15-noon Ages 14-18

_____ 9:35-10:20 Ages 9-10

_____ Other by appointment

_____ 10:25-11:10 Ages 11-13

HOW DID YOU FIND OUT ABOUT THESE LESSONS? (Check any that apply)

_____ Newspaper _____ "Word of mouth" _____ City website _____ E-mail

_____ Coach/schoolteacher _____ Info sheet _____ Cable TV _____ Radio

PLEASE RETURN THIS AT REGISTRATION TO THE TEACHERS, WHO WILL ENROLL YOU.

-----STAFF USE ONLY)-----

Paid: _____ Cash _____ Check (# _____) payable to: **City of Lockport** Amount _____